

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED VARATHARASA, THIRUNAVUKARASU		VOUCHER NUMBER																																																																																																																																											
3. MAG. DKT./DEF. NUMBER 1:06-000022-001		4. DIST. DKT./DEF. NUMBER 1:06-000043-001		5. APPEALS DKT./DEF. NUMBER																																																																																																																																											
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. VARATHARASA		8. PAYMENT CATEGORY Felony																																																																																																																																											
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																													
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 22 2778B.F -- REGISTRATION AND LICENSING REQUIREMENTS																																																																																																																																															
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS MANTANONA, RAWLEN M. BANKPACIFIC BUILDING 2ND FLOOR 825 SOUTH MARINE CORPS DRIVE TAMUNING GU 96913 Telephone Number: (671) 646-2001			13. COURT ORDER X O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney C Co-Counsel R Subs For Retained Attorney Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ X Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or Other (See Instructions) <u>Leilani R. Toves Hernandez</u> 2/22/2007 Signature of Presiding Judicial Officer By Order of the Court 9/22/2006 9/22/2006 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES <input checked="" type="checkbox"/> NO																																																																																																																																												
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) R.M.T.MANTANONA LAW OFFICE BANKPACIFIC BUILDING 2ND FLOOR 825 SOUTH MARINE CORPS DRIVE TAMUNING GU 96913																																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">CATEGORIES (Attach itemization of services with dates)</th> <th style="width:10%;">HOURS CLAIMED</th> <th style="width:10%;">TOTAL AMOUNT CLAIMED</th> <th style="width:10%;">MATH/TECH ADJUSTED HOURS</th> <th style="width:10%;">MATH/TECH ADJUSTED AMOUNT</th> <th style="width:15%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td rowspan="8">15. <div style="display: inline-block; transform: rotate(-90deg); transform-origin: left top; white-space: nowrap;">I n C o u r t</div> <div style="display: inline-block; vertical-align: top;"> a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) </div> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2">(Rate per hour = \$ 92.00) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5">16. <div style="display: inline-block; transform: rotate(-90deg); transform-origin: left top; white-space: nowrap;">O u t o f C o u r t</div> <div style="display: inline-block; vertical-align: top;"> a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) </div> </td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2">(Rate per hour = \$ 92.00) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____</td> <td colspan="2">20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</td> <td colspan="2">21. CASE DISPOSITION 01</td> </tr> <tr> <td colspan="6">22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, were you paid? YES <input type="checkbox"/> NO <input type="checkbox"/> Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____</td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td colspan="2">28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td colspan="2">34a. JUDGE CODE</td> </tr> </table> </td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. <div style="display: inline-block; transform: rotate(-90deg); transform-origin: left top; white-space: nowrap;">I n C o u r t</div> <div style="display: inline-block; vertical-align: top;"> a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) </div>																																									(Rate per hour = \$ 92.00) TOTALS:						16. <div style="display: inline-block; transform: rotate(-90deg); transform-origin: left top; white-space: nowrap;">O u t o f C o u r t</div> <div style="display: inline-block; vertical-align: top;"> a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) </div>																									(Rate per hour = \$ 92.00) TOTALS:						17. Travel Expenses (lodging, parking, meals, mileage, etc.)						18. Other Expenses (other than expert, transcripts, etc.)						19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION 01		22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, were you paid? YES <input type="checkbox"/> NO <input type="checkbox"/> Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td colspan="2">28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td colspan="2">34a. JUDGE CODE</td> </tr> </table>						23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																																																																																																										
15. <div style="display: inline-block; transform: rotate(-90deg); transform-origin: left top; white-space: nowrap;">I n C o u r t</div> <div style="display: inline-block; vertical-align: top;"> a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) </div>																																																																																																																																															
(Rate per hour = \$ 92.00) TOTALS:																																																																																																																																															
16. <div style="display: inline-block; transform: rotate(-90deg); transform-origin: left top; white-space: nowrap;">O u t o f C o u r t</div> <div style="display: inline-block; vertical-align: top;"> a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) </div>																																																																																																																																															
(Rate per hour = \$ 92.00) TOTALS:																																																																																																																																															
17. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																																																																																															
18. Other Expenses (other than expert, transcripts, etc.)																																																																																																																																															
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION 01																																																																																																																																											
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, were you paid? YES <input type="checkbox"/> NO <input type="checkbox"/> Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td colspan="2">28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td colspan="2">34a. JUDGE CODE</td> </tr> </table>						23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																																																			
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT																																																																																																																																											
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE																																																																																																																																											
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED																																																																																																																																											
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																																																																											